

1.) CORPORATION NAME:

TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

DUE DATE: **10/20/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
WILLIAM J COLEMAN
1176 HUELL MATTHEWS HWY
PO BOX 799**

SCC ID NO: **01061233**

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

SOUTH BOSTON, VA 24592

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HALIFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1176 HUELL MATTHEWS HWY

CITY/ST/ZIP: SOUTH BOSTON, VA 24592-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|-------------------------|---|--|
| NAME: | DOUG BOWMAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 3200 GANN AVENUE | | |
| CITY/ST/ZIP/CO: | SOUTH BOSTON, VA 24592- | | |
| NAME: | W P HUDGINS SR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 11372 HIGHWAY FIFTEEN | | |
| CITY/ST/ZIP/CO: | CLARKSVILLE, VA 23927- | | |
| NAME: | LOTTIE NUNN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P O BOX 178 | | |
| CITY/ST/ZIP/CO: | VIRGINIA, VA 24598- | | |
| NAME: | CHARLA CREWS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 8001 CHATHAM ROAD | | |
| CITY/ST/ZIP/CO: | NATHALIE, VA 24577- | | |
| NAME: | JANNIE LUCK | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 2244 LEDA ROAD | | |
| CITY/ST/ZIP/CO: | NATHALIE, VA 24577- | | |

| | | | |
|-----------------|--------------------------|----------------------------------|--|
| NAME: | GLANZY M SPAIN JR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 863 ESNON RD | | |
| CITY/ST/ZIP/CO: | CHASE CITY, VA 23924- | | |
| NAME: | TIFFANY HANKINS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2150 SINAI RD | | |
| | APT 10B | | |
| CITY/ST/ZIP/CO: | SOUTH BOSTON, VA 24592- | | |
| NAME: | GARLAND H HAMLETT JR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 363 | | |
| CITY/ST/ZIP/CO: | DRAKES BRANCH, VA 23937- | | |
| NAME: | TOM WEST | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 3035 ARMISTEAD ROAD | | |
| CITY/ST/ZIP/CO: | NATHALIE, VA 24577- | | |
| NAME: | SHIRLEY CHANDLER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 3003 MOUNTAIN ROAD | | |
| CITY/ST/ZIP/CO: | HALIFAX, VA 24558- | | |
| NAME: | HELEN B HILL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 190 | | |
| CITY/ST/ZIP/CO: | BOYDTON, VA 23917- | | |
| NAME: | LINDA LEAK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 473 | | |
| CITY/ST/ZIP/CO: | BOYDTON, VA 23917- | | |
| NAME: | VIOLET FANE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 76 | | |
| CITY/ST/ZIP/CO: | DRAKES BRANCH, VA 23937- | | |
| NAME: | SARI C GOFF | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | DRAWER 440 | | |
| CITY/ST/ZIP/CO: | CHARLOTTE CH, VA 23923- | | |
| NAME: | MARVIN HATCHER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 122 | | |
| CITY/ST/ZIP/CO: | CHASE CITY, VA 23968- | | |

| | | | |
|--|-------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | OLIVIA O EPPS | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2204 WILBORN AVENUE | | |
| CITY/ST/ZIP/CO: | SOUTH BOSTON, VA 24592- | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ DOUG BOWMAN | | DOUG BOWMAN, CHAIRMAN | 10/20/2011 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | | PRINTED NAME AND CORPORATE TITLE | DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |